United Nations DP/FPA/DCP/COM/6

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
5 May 2014

Original: English

Annual session 2014
23 to 27 June 2014, Geneva
Item 13 of the provisional agenda
UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for the Comoros

Proposed indicative UNFPA assistance:	$8.5 million: $4 million from regular resources and $4.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2015-2018)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	1.6	1.1	2.7
Outcome 2	Adolescents and youth	1.0	0.1	1.1
Outcome 3	Gender equality and women's empowerment	0.6	0.1	0.7
Outcome 4	Population dynamics	0.5	3.2	3.7
	Programme coordination and assistance	0.3	-	0.3
	Total	4.0	4.5	8.5

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I. Situation analysis

1. The Comoros is a stable state with a favourable environment for better governance and the resumption of growth. In 2012, the domestic growth rate was 3.0 per cent, compared to 2.6 per cent in 2011, sustained by a healthy agricultural sector and transfers of funds from Comorians living abroad. In 2012, however, 44.5 per cent of the population was still living below the poverty line.

2. The population was estimated at 744,962 inhabitants in 2013, with an annual growth rate of 2.1 per cent. According to the Demographic Health Survey 2012, the total fertility rate was 4.3 children per woman, and the contraceptive prevalence rate dropped from 19.4 per cent in 2000 to 14.2 per cent. Gender-related attitudes and barriers to family planning in particular, and sexual and reproductive decision-making by women and adolescent girls in general, are major reasons why fertility is still high. The lack of efficient strategies to stimulate demand for family planning services has resulted in a high level of unmet need for family planning (31 per cent) and is another factor contributing to the high fertility rate.

3. The fertility rate among girls aged 15 to 19 was estimated at 70 per 1,000 in 2012. Early sexual debut and unprotected sexual activity expose young girls to unwanted pregnancies, sexually transmitted infections, including HIV/AIDS, abortions and higher rates of maternal mortality. These can be attributed to the absence of a comprehensive sexuality education curriculum, the lack of a legal framework for adolescent sexual and reproductive health services and the inadequacy of existing youth-friendly centres to provide these services. Furthermore, despite a law which establishes 18 as the minimum age for marriage, early marriage persists. According to the Demographic Health Survey 2012, 11 per cent of adolescent girls aged 15 to 19 had declared that they had been married before the age of 18. Most came from poor households in rural areas.

4. The maternal mortality rate has fallen but remains high (172 maternal deaths per 100,000 live births in 2012 against 380 deaths per 100,000 live births in 2003). In 2012, the proportion of births assisted by skilled personnel was 82.2 per cent, while 49 per cent of pregnant women had at least four antenatal visits. Although access to emergency obstetric care has significantly improved, the quality of care remains weak.

5. The country's HIV/AIDS prevalence rate remains low (less than 1 per cent). The increase in early sexuality and the growing number of young sex workers in urban areas (due to levels of poverty) can lead to an explosion of sexually transmitted infections, including HIV/AIDS, especially among female youth. According to a prospective study in 2013, 22 per cent of girls aged 15 to 19 had already contracted at least one sexually transmitted infection and 24 per cent of pregnant women had tested positive for syphilis.

6. Gender inequalities still prevail nationally and include: (a) early marriage; (b) limited access to sexual and reproductive rights and health services for adolescent girls; and (c) gender-based violence 14 per cent of women aged 15 to 49 declare that they have been victims of physical gender-based violence, during their lifetime, according to the Demographic Health Survey 2012. Social and cultural practices, including traditional notions about a woman's place in Comorian society and religious beliefs, contribute significantly to the persistence of gender inequalities.

7. Because the last census was conducted in 2003, the Government has pointed to the absence of a fully updated database, and the poor quality of data analysis as constraints for effective and efficient planning, and monitoring and evaluation of policies and programmes. In response to this inadequacy of the national statistical system, the Government has recently established the General Institute of Statistics and Economic and Demographic Studies.

8. The Comoros is prone to natural disasters and is periodically confronted with floods, landslides, cyclones and volcanic eruptions.

These challenges have led the Government and the United Nations country team to develop an emergency preparedness plan that addresses the potential negative impact of natural disasters on women's sexual and reproductive health and its potential to exacerbate gender-based violence.

II. Past cooperation and lessons learned

9. The fifth country programme, 2008-2014, extended for one year, contributed to enhancing the availability of integrated quality reproductive health services, including emergency obstetric care. It also enhanced women's and young people's access to and utilization of those services. The programme also helped to prevent the spread of sexual transmitted infections, including HIV/AIDS, especially among women and young people. It supported government efforts to strengthen its technical capacity to integrate population, gender and environment issues in development policies and programmes, and to create a sociocultural and legislative environment favourable to gender equality. The UNFPA global programme to enhance reproductive health commodity security, joint actions with United Nations organizations, civil society organizations and the French Agency for Development have contributed towards achieving the results of the programme.

10. The final evaluation of the fifth country programme, 2008-2014, identified the following achievements in the area of reproductive health in the Comoros: (a) improved quality of emergency obstetric care services in eight districts through the provision of medical supplies and equipment, including four ambulances for the management of obstetric emergencies and the referral system; (b) enhanced use of the CHANNEL software for managing health supplies in almost all districts; (c) functioning peer educators network for condom distribution and reproductive health awareness-raising campaigns; (d) increase in births attended by skilled personnel in the eight districts benefiting from the programme; and (e) effective strategy to implement the minimum initial service package (sexual and reproductive heath, gender-based violence) for humanitarian-affected populations.

11. To sustain these achievements, UNFPA will continue its support to: (a) build the capacity of providers of emergency obstetric and newborn care; (b) reposition family planning in the national development agenda; (c) strengthen coordination with partners, including government and communities; (e) increase the competency of health professionals to implement the minimum initia' service package on sexual and reproductive health; and (d) enhance the integration of sexual and reproductive health services for adolescents and youth.

12. Achievements in the area of gender equality included the: (a) development and implementation of the national gender equality and equity policy; (b) development of a regional gender policy and the establishment of three national platforms on gender-based violence, women's entrepreneurship and female politicians network; (c) creation of a network of women facilitators for peace; and (d) reforms carried out in the family and penal code that brought stronger prosecution against sexual perpetrators of violence against women. Despite these achievements, the gaps in gender equality remain important, particularly in the area of gender-based violence and early marriage.

13. In population and development, achievements included: (a) integration of population issues, including sexual and reproductive health, gender equality and human rights, in the forthcoming national Accelerated Growth and Sustainable Development Strategy, 2015-2019; (b) completion of the combined demographic and health survey and multiple indicator cluster survey in partnership with the United Nations Children's Fund; and (c) development of the Comoros-info database. Despite these achievements, there remains the need to focus on data analysis and use of information for decision-making to better address inequalities among the population in terms of accessibility to basic social services.

14. The three main lessons learned from the programme were that: (a) community-level advocacy and partnering with non-governmental organizations and religious leaders help to promote gender equity and strengthen social acceptance and use of sexual and reproductive health services; (b) "delivering-as-one" helps to mobilize resources for joint planning activities; and (c) joint planning and reviews with government and civil society organizations help to enhance the coherence of the programme.

III. Proposed programme

15. The proposed programme aims to: (a) increase access to high-quality emergency obstetric and newborn care services in 12 districts out of a total of 17 and in family planning services at the national level; (b) promote gender equality and combat gender-based violence, including early marriage; (c) promote sexual and reproductive health services for adolescents and youth; and (d) increase the availability and use of high-quality data disaggregated by sex and age, including in humanitarian settings.

16. The programme responds to national priorities as articulated in the Accelerated Growth and Sustainable Development Strategy, 2015-2019, and the United Nations Development Assistance Framework, 2015-2019, which provides a framework for inter-agency collaboration and joint programmes with other United Nations organizations as part of the "delivering-as-one" approach.

17. The programme is fully aligned to the International Conference on Population and Development programme of action, and aims to reduce poverty by empowering the most vulnerable, especially women and young people, and contributes to the implementation of national priorities through the four areas of the UNFPA strategic plan, 2014-2017.

Outcome 1: Sexual and reproductive health

18. Output 1: Increased quality of service and demand for integrated sexual and reproductive health services, including maternal and newborn health and sexually transmitted infections, including in humanitarian settings. The programme will support efforts to: (a) provide life-saving drugs in the 12 districts for obstetric emergencies identified by the World Health Organization (WHO); (b) build the capacity of providers of emergency obstetric and newborn care; (c) provide high-quality sexual and reproductive health services for adolescent girls and young people within the health districts; and (d) integrate sexual and reproductive health services and rights, including the prevention of and response to gender-based violence, in emergency preparedness and contingency plans.

19. Output 2: Increased demand for high-quality family planning services. The programme will support efforts to: (a) increase awareness by broadening the coverage of family planning communication activities; (b) strengthen the contraceptives logistics system and increase distribution at public, private and community levels; (c) increase the availability of family planning for young people, in particular adolescents girls; and (d) undertake studies to assess barriers to family planning.

Outcome 2: Adolescents and youth

20. Output 1: Increased national capacity to design and implement community and school-based comprehensive sexuality education and life skills programmes, including for HIV/AIDS, targeting adolescents girls. The programme will support efforts to: (a) advocate for the development and implementation of a national policy on sexuality education for adolescents and young people; (b) integrate HIV prevention services and sexual and reproductive health in the package of activities of youth-friendly services; (c) elaborate and implement a national strategy on sexual and reproductive health; and (d) reinforce the provision of information and counselling services on sexual and reproductive health, including on sexually transmitted infections and HIV, to adolescents and youth in formal and non-formal educational systems.

Outcome 3: Gender equality and women's empowerment

21. Output 1: Increased national capacity to prevent gender-based violence and harmful practices, including in humanitarian settings. The programme will support efforts to: (a) develop and implement a national strategy to prevent gender-based violence and support victims of violence; (b) develop and implement a communication and behaviour change strategy on sexual and reproductive health and rights, early marriage and gender equity; (c) strengthen partnerships with communities to coordinate actions related to violence in humanitarian settings; and (d) strengthen partnerships initiated in the last programme with Indian Ocean countries.

Outcome 4: Population dynamics

22. Output 1: Strengthened national capacity for the production, analysis and dissemination of sex disaggregated data on population and development issues, including in humanitarian settings. The programme will support efforts to: (a) build the institutional and technical capacity of the national statistical system for the 2015/2016 census; (b) advocate for the use of evidence-based data to increase the culture of data use among decision makers; (c) develop strategic partnerships with research institutions and universities in order to benefit from scientific research, building on census and survey data; and (d) develop the capacity of national institutions to undertake rapid data collection, analysis and utilization during humanitarian situations.

IV. Programme management, monitoring and evaluation

23. The Office of the Commissioner General for Planning will oversee the execution of the programme. The Ministry of Planning (in collaboration with the Ministry of Health and Gender, the Ministry of National Education and Youth, and non-governmental organizations) will coordinate programme implementation at the national level.

24. National execution continues to be the preferred implementation arrangement for UNFPA. UNFPA will select implementing partners based on their ability to deliver on the outputs of the country programme. The Government and UNFPA will monitor programme implementation through the "delivering-as-one" mechanism stipulated in the United Nations Development Assistance Framework (UNDAF), 2015-2019, and according to UNFPA policies and guidelines. UNFPA will organize an annual review in accordance with the UNDAF monitoring and evaluation plan.

25. The country office in the Comoros is headed by the Representative of UNFPA based in Madagascar, who is the Country Director of Comoros. The UNFPA country office in the Comoros includes basic management and development effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing technical and programme expertise as well as associated support for the implementation of the programme.

26. The country office will seek technical assistance from other country offices, the regional offices and UNFPA headquarters, including through South-South cooperation in strategic areas. UNFPA will jointly prepare and implement a joint resource mobilization plan with other United Nations organizations within the framework of the Delivering-as-One approach.

27. In the event of an emergency, UNFPA may, in consultation with the Government, re-orient activities to better respond to emerging issues, especially life-saving measures.

RESULTS AND RESOURCES FRAMEWORK FOR COMOROS

National priority: Enhancing access to basic social services and household resilience
UNDAF outcome 2: By 2019, the populations, particularly the most vulnerable groups, benefit and use basic and protection quality social services in an equitable and sustainable manner. Indicator 1: Percentage of births attended by skilled health-care provider (Baseline: 82%; Target: 90%); Indicator 2: Contraceptive prevalence rate for married women aged 15 to 49 (Baseline: 14.2; Target: 20)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual reproductive health (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access) Outcome indicators: • Number of health facilities that provide the seven life-saving drugs for obstetric emergencies on the WHO list Baseline: 0; Target: 8 • Unmet need for family planning Baseline: 31%; Target: 15% • Percentage of women who gave birth in health facilities • Baseline: 76%; • Target: 90%	Output 1:Increased quality of service and demand for integrated sexual and reproductive health services, including maternal and newborn health and sexually transmitted infections, including in humanitarian settings	Output indicators: • Number of the health facilities that provide all basic emergency obstetric care services Baseline: 8; Target: 12 • Percentage of women victims of obstetric complications treated in the health facilities Baseline: 40%; Target: 70% • Existence of a national contingency plan that integrates sexual and reproductive health services and gender-based violence Baseline: No; Target: Yes	Civil society organizations; Confederation of Midwives; Comorian Association for the Welfare of the Family; Ministry of Health and Gender; Ministry of Youth; United Nations Children's Fund; World Health Organization	$2.7 million ($1.6 from regular resources and $1.1 million from other resources)
	Output 2: Increased demand for high-quality family planning services	Output indicators: • Percentage of health facilities providing minimum five contraceptive methods Baseline: 24,6%; Target: 50% • Existence of a functional logistics management information system at national and island level Baseline: 1; Target: 4 • Number of studies to assess barriers to family planning Baseline: 1; Target : 3		
Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health) Outcome indicator: • Percentage of women and men aged 15 to 24 who had more than one sexual partner in the past 12 months and reported having used a condom during their last sexual intercourse Baseline: 52%;Target: 70%	Output 1: Increased national capacity to design and implement community and school-based comprehensive sexuality education and life skills programmes, including for HIV/AIDS, targeting adolescents girls	Output indicators: • Existence of a national policy on comprehensive sexuality education that is in line with international standards Baseline: No; Target: Yes • Number of districts with at least one youth-friendly service with skilled staff implementing comprehensive sexuality education Baseline: 3; Target: 6	French Agency for Development; United Nations Children's Fund; United Nations Development Programme; World Health Organization; Youth Network on Population and Development	$1.1 million ($1.0 from regular resources and $0.1 million from other resources)

National Priority: Strengthened governance and institutional and human resilience **UNDAF Outcome 2:** By 2019, the state and non-state institutions practise better administrative and economic policy governance, in line with good practices of human rights and resilience. Indicator 1: Number of municipalities that use efficiently the mechanisms and tools for planning and implementation of local development plan. (Baseline: 0; Target: 20); Indicator 2: Number of mechanisms of prevention and management of functional conflicts at the national and local levels. (Baseline: 0; Target: 40)				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 3: Gender equality and women's empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth) Outcome indicators: • Number of identified gender-based violence survivors who have utilized health services as per standard protocol Baseline: 0; Target: 300 • Proportion of women aged 15 to 49 who believe that their husband/partner has reason to beat them in certain circumstances • Baseline: 42%;Target: 35%	Output 4: Increased national capacity to prevent gender-based violence and harmful practices, including in humanitarian settings	Output indicators: • The programme for the prevention of and response to gender-based violence is integrated into the national health development plan Baseline: No; Target: Yes • Number of gender-based violence centres operational as per standard operational procedures Baseline: 2; Target: 4 • Existence of a national strategy to prevent gender-based violence and to support victims of violence Baseline: No; Target: Yes	Civil society organizations; General Human Rights Delegation; Ministry of Health and Gender; Women and Development Network; National Commission on Human Rights; United Nations Children's Fund; UNDP	$0.7 million ($0.60 million from regular resources and $0.10 million from other resources)
Outcome 4:Population dynamics Outcome indicators: • Census data collected and analysed, results published and disseminated Baseline: No Target: Yes • Number of institutions that practice evidence-based planning and policy development. Baseline: 0;Target: 6	Output 5: Strengthened national capacity for the production, analysis and dissemination of sex disaggregated data on population and development issues, including in humanitarian settings	Output indicators: • Number of selected government institutions with skilled staff and tools to collect, analyse and disseminate socio-economic and demographic data Baseline: 0; Target: 5 • Number of in-depth analyses conducted based on the Demographic Health Survey and Multiple Indicator Cluster Survey2012 and other statistical sources Baseline: 0; Target: 10 • Number of institutions with the technical capacity to collect data in humanitarian settings Baseline: 0; Target: 4	National Directorate of Population and Strategic Development; National Institute of Statistics and Economic and Demographic Studies; UNDP; UNICEF; World Health Organization; World Bank	$3.7 million ($0.5 million from regular resources and $3.2 million from other resources)
Programme coordination and assistance:				**$0.3 million**